



**DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES**

**GOVERNOR'S ADVISORY COUNCIL (GAC)  
TO THE DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES (DDDS)**

**November 24, 2015**

The Governor's Advisory Council to the DDDS met on November 24, 2015, at the 1056 Woodbrook Conference Room in Dover.

**COUNCIL MEMBERS PRESENT:** Terri Hancharick, Chair  
Thomas Rust  
Susan Pereira  
Gail Womble  
Timothy F. Brooks, Ed.D.  
Jamie Doane  
Angie Sipple

**COUNCIL MEMBERS ABSENT:** N/A

**STAFF MEMBERS PRESENT:** Jane Gallivan  
Marie Nonnenmacher  
Terry Macy

**GUESTS PRESENT:** Carol Kenton, Parent

**CALL TO ORDER:** The meeting was called to order at 11:04 a.m.

**NEXT MEETING:** Retreat – December 15, 2015 9:30 a.m.

**AGENDA-ADDITIONS:** Respite Care (will be addressed at retreat)

**APPROVAL OF MINUTES:** The October 20, 2015, minutes will seek GAC approval during retreat.

**DDDS Electronic Case Record System Presentation**

Bob Goodhart, DDDS Quality Assurance Administrator gave a status presentation of CORE, the DDDS electronic case record system (ECRS). This presentation is a mock of what the screens will look like as they are developed.

The User Acceptance Testing Team (UAT) has user access during the development phase. As different components of the system are developed, the UAT will work in small groups to test data, make sure what is entered is captured as expected, and that functionality of the system supports the DDDS ERCS vision. Currently, the UAT does not have family representation. GAC was asked to think of family members that may want to become a member of the UAT. DDDS hopes to begin development in

December and the target for testing is March-April. Testing is planned to continue until the July 1, 2016, target for roll out. Families will have access the same as any other user although the family portal that was envisioned will not happen during phase one of the project. Families will eventually receive access to CORE as in Therap. Therap is planned to phase out once information is transferred to CORE.

When DDDS first began working with Therap, provider agencies contracted with Therap, not DDDS. Therefore, DDDS created a request for proposal (RFP) to contract for an ECRS. For DDDS to expand and bring in the necessary elements, CORE basic program was chosen with the ability to customize up to 30% of its developed model.

Stockley Center's ECRS will be developed after CORE completes development of the Delaware Psychiatric Center (DPC) ECRS. After completed, CORE will present DPC's ECRS to DDDS to determine if compatible for Stockley Center use. This will present a cost savings to DDDS due to not having to use the 30% customization for Stockley Center. Cost savings are predicted for DHSS agencies that contract with Core and have similar features.

CORE provides access to multiple reports and specific reports may be created as well. Certain DDDS employees will be trained to pull data to develop reports. For example, guardianship information is located in the ECRS as CORE provides report to see guardianship information; therefore, DDDS can monitor information easily.

DDDS vision for the ECRS is to create a record from the moment a person applies for services, whether found eligible or not. All individuals known to DDDS will have a record, including family support. A multitude of DDDS staff will have access to update ECRS, however restrictions are applied that allow access to records based on a need to know. Responsibility to maintain ECRS must be clear. The ECRS will not interface with school systems but basic school information received during the application process will feed into the ECRS. The ECRS will interface with the DHSS Master Client Index System (MCI) with the hope that if demographic changes are made in the DDDS ECRS, it will feed changes to the MCI system.

The following is the link to the DDDS Website ECRS information page that is located on the lower left side of the DDDS Website home page under the "Information" heading:  
<http://www.dhss.delaware.gov/dhss/ddds/electronicguide.html> .

The GAC agrees that the ECRS will be very helpful to families.

### **Family Support Waiver**

DDDS continues to have concerns of managing a Family Support Waiver without additional staff. Therefore, DDDS is attempting to streamline some processes.

One concept is to amend the current HCBS Waiver to one "Lifespan Waiver" to include additional services such as home and vehicle modifications, community living supports (i.e. respite), etc. becoming one comprehensive Waiver with more services that change over the person's lifespan.

Changing the service name from respite to community living supports was a recommendation by families in order to provide other services besides respite such as day trips; changing the name will add flexibility to service.

The criteria that exists to receive residential Waiver services would remain the same (high-risk status). One benefit is family support services recipients would be enrolled in Waiver services; therefore, when found eligible, the process for transitioning to receiving residential services would require receiving an authorization for that service, speeding up the process. Another benefit of this concept is that DDDS would be managing one Waiver with one quality assurance plan, with one Waiver re-application every five years. This would alleviate some of the administrative burden of having to administer two different programs. DDDS believes this will save DDDS state funding due to costliness of emergency placement used when transitioning a family support person in crisis to waiver services (typically takes 6-8 weeks to receive approval for Waiver services). The funding saved may be used to develop other DDDS services.

Individuals that are currently receiving some type of day service are targeted to be the first round of recipients to transition to the “Lifespan Waiver” due to having funded day services. Respite funding would receive a Medicaid match from this group. The next transitional group is targeted for school graduates, then for Pathways participants, etc. DDDS will reserve state funding for family support individuals that do not receive any day services (mainly for respite). This project will take time to complete and requires much work. The Pathways program required two years from development to receiving CMS approval. Once approved, the completion of staff assignments, policies and procedures development, forms development, etc. is required. DDDS can use much of the program that is in existence to streamline creating the amendment.

The first priority is getting targeted case management in place. DDDS made a commitment to help supply Medicaid help to define services for people with Autism that could be included in the state plan by the end of December. DDDS is working steadily on the “Lifespan Waiver” project. DDDS used the term “Lifespan Waiver” to emphasize that throughout a person’s life, support needs change.

Currently, case management is not a Waiver service but a state service. DDDS would like to use the vehicle of targeted case management to provide case management for both people in residential services and people living at home. This is a different kind of case management; therefore, DDDS would need to complete one or two companion state-plan amendments for targeted case management to say how DDDS will deliver case management to Waiver recipients. This will make Family Support case management a reimbursable Medicaid service with an approximate 50% match and family support specialists (FSS) would be under the auspices of an agency for more oversight and supervision of service. Currently, FSS are not state employees but managed via a DDDS contract. Targeted case management is not a Waiver service but a Medicaid State Plan service. DDDS plans to target two groups so that people in the residential program could continue to have case management through a state case manager and people who reside at home would receive case management by a private agency via the FSS. The reason to separate targeted case management groups is that FSS can have a larger caseload number for people living at home due to not managing the many issues of people that reside in a residential home (i.e. working with agency, ongoing supports, etc.). The target is to keep case management ratios reasonable (state case managers at a 1:35 ratio; FSS case management at a 1:50 ratio).

Another critical piece is that CMS will not allow any changes, amendments, or new Waivers submitted unless all services in that program are compliant with the Community Rule. The services that DDDS plans to add to the comprehensive “Lifespan Waiver” are all compliant (community living supports, vehicle modifications, and home modifications). Once amendment approved all under the “Lifespan Waiver” would gain access to behavior services and nursing consultative services (day services and employment services already included in comprehensive Waiver). This would make the transition seamless for the recipient. One of the benefits of this concept is that DDDS would be managing one Waiver with one data set to maintain.

GAC member mentioned that Pennsylvania has behavior service aides that work with individuals that present severe behaviors. DDDS is familiar with service type. The behavior analyst program (whether through a state employee or private agency) do provide observations, recommendations, write behavior plans, follow up, review data, provide training, accompany person to psych visits, etc. There is also a service that provides intervention type services by trained professional staff. Although not hands on, behavior analysts currently perform these types of services. Resources to add this service are not available as DDDS is building additional services for families but may be re-approached in the future.

DDDS is hopeful that a new two-year pilot project surrounding a dual diagnosis program called the Assertive Community Integration and Support Team (ACIST) may provide an alternate resource for individuals with high behavior needs. DDDS received permission and one-time funding from DHSS to develop a dual diagnosis quasi-ACT team (assertive community treatment team based on a mental health model). This well-trained team provides intensive supports for someone who goes into crisis or for individuals that require these supports. Part of the component includes a psychiatrist, nurse practitioner, mental health professionals, and behavior specialists that work intensively with individuals to resolve crisis and follow the person for a time-period. The RFP is close to completion. DDDS believes that the data will show a cost savings due preventing hospitalizations and psychiatric center stays. In the future, DDDS hopes the cost (\$750,000 per year) may be built into a Medicaid program for Delaware to obtain matching funds. A GAC member reported that county government currently has ACT teams in place. Reportedly, the Division of Substance Abuse and Mental Health have ACT teams as well.

DDDS plans speak of a lifespan planning process at the Life Conference in January. As requested by GAC chairperson, the Life Conference brochure information for DDDS will be sent via the DDDS Email Notification List. The hope is to engage new families to participate.

### **Retreat**

The GAC retreat was moved to the Duncan Center in Dover. The retreat is scheduled for December 15, 2015, from 9:30 a.m. – 3:00 p.m. The retreat will include a mini presentation of the MAP and PATH for future planning that DDDS staff attended recently.

A discussion surrounding legislative concerns and involvement was had by GAC; this will be further discussed during the retreat. DDDS will bring the State Council for Persons with Disabilities legislative piece to the retreat for GAC's review.

Supported Decision Making will be included on the retreat agenda. Respite will be included also to give a detail of the current program.

### **Supported Decision Making**

It is believed that the Supported Decision Making Committee has sponsors for the completed draft legislative language. The GAC chairperson, a representative from the Office of Public Guardianship and the Developmental Disabilities Council attended the Symposium on Supported Decision Making in Washington last week. A total of four states (including Delaware) were in attendance. A national resource center surrounding supported decision-making was discussed. More information is available on their website at <http://supporteddecisionmaking.org/>.

Supported Decision Making is another choice and will not interfere with guardianship. This was developed for people that want more options available. Guardianship can become costly to obtain and is unaffordable for some. There is no cost attached to Supported Decision Making. The plan is for judges

to review the least restrictive option first although guardianship continues to be a choice for families. In Delaware, once guardianship is ordered by the court, relinquishing guardianship to move to something less restrictive is cumbersome and requires a large amount of time.

Discussion surrounded Texas' process that reportedly has a requirement that people begin at one level before moving to the next and that the court is involved in each step. More investigation into Texas' process is needed to understand fully. Each state develops processes, which may vary significantly.

On April 15, 2016, a conference with Jonathan Martinis, Legal Director of the Quality Trust for Individuals with Disabilities is to occur in Dover. This conference is an opportunity to raise questions and concerns surrounding supported decision-making. More information will be sent via the DDDS Email Notification List once received.

### **Updates on Transition Plan**

DDDS believes that provider agency self-assessments are submitted with the exception of one (plans to submit by end of business today). Shared Living provider's self-assessments were delayed in receiving surveys; therefore, were given a later date to submit.

### **Parental Notification**

Discussion was had by GAC regarding information about DDDS staff changes (i.e. behavior analyst, case manager, FSS, etc.) that historically is not relayed to parents regularly. Once information is received, scheduling meetings with new appointees is difficult and not timely. GAC is concerned for families receiving information timely. The new electronic case record system (CORE) will be a means for families to get information once online.

From DDDS perspective, a designed communication strategy when changes in staff occur requires development. What is it, how does it happen, what are the expectations, etc. need to be addressed. The DDDS case manager supervisors are pulling together to establish leadership teams as the case manager role is gaining more responsibilities. DDDS is concentrating on more training and more expectations for case managers across the board.

Although managing case managers is a critical piece of DDDS it is challenging due to high turnover and large caseloads. DDDS has converted positions to hire more case managers to reduce caseloads. There is a lot of work that has been foisted onto the case manager as when tasks arise they are typically assigned to the case manager. DDDS is attempting to lower the case manager caseload to a 1:35 ratio (best practice). The delay in hiring of positions also contributes to the lack of communication.

### **Other Discussion**

The new policy for families to receive stipends and the vacancies and development statistics were distributed to GAC.

### **Adjournment**

The meeting adjourned at 1:15 p.m.